

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10 SERIAL NO. 10/16588239 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/			
2		/	/			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	9	←	7	←	←	
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.						↓
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	